



1100428580

OBTS NUMBER		ARMED FORCES NO	BWC NO	COMPLAINT/ARREST AFFIDAVIT										POLICE CASE NO. 201900022981		
SPECIAL OPERATION: SP OP		<input checked="" type="checkbox"/> FELONY	<input type="checkbox"/> MISD	<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> JUV	<input type="checkbox"/> DV	<input checked="" type="checkbox"/> MOVES	<input type="checkbox"/> CIV INF	JAIL NO.		PMHD NO	COURT CASE NO.				
		FUGITIVE WARRANT: <input type="checkbox"/> In State <input type="checkbox"/> Out State														
IDS NO.		AGENCY CODE 002		MUNICIPAL P.D. DEF. ID NO.		MDPD RECORDS AND ID NO.			STUDENT ID NO.		GANG RELATED NO	FRAUD RELATED NO				
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) MCGREGOR, CONOR							ALIAS and / or STREET NAME					SIGNAL:				
DOB (MM/DD/YYYY) 07/14/1988	AGE 30	RACE W	SEX M	HISPANIC: NO ETHNICITY: ANG	HEIGHT 5'09	WEIGHT 160	HAIR COLOR BRO	HAIR LENGTH SHT	HAIR STYLE FAD	EYES BRO	GLASSES NO	FACIAL HAIR FUL	TEETH NOR			
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)											PLACE OF BIRTH (City, State/Country) IE					
LOCAL ADDRESS (Street, Apt. Number) 891 N VENETIAN DR				(City) MIAMI	(State) FL	(Country) US	(Zip) 33139	PHONE			CITIZENSHIP IE					
PERMANENT ADDRESS (Street, Apt. Number) 891 N VENETIAN DR				(City) MIAMI	(State) FL	(Country) US	(Zip) 33139	PHONE			OCCUPATION					
SCHOOL OR BUSINESS ADDRESS (Street, Apt. Number)				(City)	(State)	(Country)	(Zip)	PHONE			ADDRESS SOURCE VERBAL					
DRIVER'S LICENSE NUMBER/STATE		SOCIAL SECURITY NO.		WEAPON SEIZED NO		Defendant/CONCEALED WEAPON PERMIT NONE			INDICATION OF: Alcohol Influence: N Drug Influence: N							
ARREST DATE 03/11/2019		ARREST TIME 17:56	ARREST LOCATION 891 N VENETIAN DR MIAMI, FL 33139									GRID 1172				
CO-DEFENDANT NAME					DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR							
CO-DEFENDANT NAME					DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR							
CO-DEFENDANT NAME					DOB	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> DV	<input type="checkbox"/> JUVENILE <input type="checkbox"/> MISDEMEANOR							
JUV only	Relation	Name	Street						Zip	Phone	Contacted?					
CHARGES					CHARGE AS:	CNTS	FL STATUTE NUMBER	VIOL OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION				
1. F/2-ROBBERY/STRONGARM					F.S.	1	812.13(2)(C)		00031200	N						
2. F/3-CRIMINAL MISCHIEF/\$1,000 OR MORE					F.S.	1	806.13(1)(B)3		00222900	N						
3.																
4.																
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the 11 day of MARCH, 2019, at 05:20 at 4441 COLLINS AVE. MIAMI BEACH, FL 33140																
THE VICTIM AND THE DEFENDANT WERE EXITING THE FONTAINEBLEAU HOTEL AND THE VICTIM ATTEMPTED TO TAKE A PICTURE OF THE DEFENDANT WITH HIS CELL PHONE. THE DEFENDANT SLAPPED THE VICTIM'S PHONE OUT OF HIS HAND, CAUSING IT TO FALL TO THE FLOOR. THE DEFENDANT THEN STOMPED ON THE VICTIM'S PHONE SEVERAL TIMES, DAMAGING IT. THE DEFENDANT THEN PICKED UP THE VICTIM'S PHONE AND WALKED AWAY WITH IT, DEPRIVING HIM OF IT. VICTIM STATED THE PHONE WAS VALUED AT \$1,000. THE DEFENDANT WAS LOCATED AND ARRESTED.																
HOLD FOR OTHER AGENCY VERIFIED BY					<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).											
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. <i>[Signature]</i>					SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 11 DAY OF MARCH, 2019  LOZANO, A: Court ID: 002-00956											
<input type="checkbox"/> I Understand that should I wilfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes. <input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.																
LANIER, R: Court ID: 002-00676																

Officer Information

1.LEAD LANIER, ROBERT	BWC? NO	Evid? NO	Dist 002	ID No. 00676	Phone (305) 548-5765 (CELL)	Shift 1 DAYS					
DUI ONLY:	<input type="checkbox"/> (W)	<input type="checkbox"/> (RS)	<input type="checkbox"/> (B)	<input type="checkbox"/> (M)	<input type="checkbox"/> (MW)	<input type="checkbox"/> (IC)	<input type="checkbox"/> (ICW)	<input type="checkbox"/> (BAFF)	<input type="checkbox"/> (BAFFW)	<input type="checkbox"/> (DRE)	<input type="checkbox"/> (20MINOBS)
2.TRANSPORTING CELESTRE, FRANK	BWC? NO	Evid? NO	Dist 002/00000	ID No. 00031	Phone (954) 980-3906 (CELL)	Shift 2 NOONS					
DUI ONLY:	<input type="checkbox"/> (W)	<input type="checkbox"/> (RS)	<input type="checkbox"/> (B)	<input type="checkbox"/> (M)	<input type="checkbox"/> (MW)	<input type="checkbox"/> (IC)	<input type="checkbox"/> (ICW)	<input type="checkbox"/> (BAFF)	<input type="checkbox"/> (BAFFW)	<input type="checkbox"/> (DRE)	<input type="checkbox"/> (20MINOBS)

Involved Persons

<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OWNER	<input type="checkbox"/> DCF Contacted	RELATIONSHIP: VICTIM		
Last Name ABDIRZAK	First AHMED	Middle	Race B	Sex M	Date Of Birth 05/12/1996	
HOME ADDRESS (Street, Apt. Number) 150 SPACKMANS WAY SLOUGH	(City) ENGLAND	(State) (Country)(Zip) YY EN	PHONE	CELL PHONE	PAGER	
OTHER ADDRESS (Street, Apt. Number) 150 SPACKMANS WAY SLOUGH	(City) ENGLAND	(State) (Country)(Zip) YY EN	ALT PHONE	WORK PHONE		
ADDRESS SOURCE: VERBAL DL #	EMAIL:					
Synopsis of Testimony: VICTIM						

Transporting Officer(s)

1 CELESTRE, FRANK

ID#:00031

Dept#:002/00000

Taken To:TGK

Does defendant have any signs/complains of injury? NO

Defendants Vehicle

YEAR	MAKE	MODEL	TAG	STATE	VIN	COLOR
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OWNER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released To: _____ (Print Name-Signature)

Drivers Lic: _____ State: _____

Left on Scene?

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

Signature of Owner/Driver/Designee: _____

Signature of Officer Witnessing: _____ ID# _____ (Print Name-Signature)

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED